



SAFEGUARDING POLICY AND PROCEDURES

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Manager responsible for this policy:	Head of Services

Essential contacts and information:

Designated Safeguarding Officer, Maria Slevin, Head of Information, employability and safeguarding.

CEO, Natalie Webb

Director of Services, Alice Mooney

The Designated Safeguarding Officer, Director of Services and the CEO are contactable via the central office number during office hours or can be contacted by the duty manager outside of that.

Central office: 02380 224224 (9-5 Monday to Friday)

Duty Manager: 07500 118710

No Limits Safeguarding Policy and Procedures

1. Background and Context

- 1.1 A robust safeguarding culture is crucial for all individuals working with children and adults at risk. Safeguarding policies and procedures are in place to ensure that everyone associated with the organisation understands their responsibility to protect those who access its services, as well as staff, volunteers, and Trustees. This commitment is fundamental to creating a safe and supportive environment for all.
- 1.2 The principles in this policy are consistent with the Government publication 'Working Together to Safeguard Children' (2023) as well as 'The Children Act' (1989, 2004), 'UNCRC' (1989), 'The Care Act' (2014)'The Human Rights Act' (1998), 'What to do if you're worried a child is being abused - Advice for practitioners' (March 2015) and 'The Prevent Duty' (June 2015). Duty to notify the Home Office of potential victim of modern slavery Version 1' (November 2015). The 'Duty to Notify' is set out in Section 52 of 'The Modern Slavery Act' (2015). Safeguarding Adults, (2015) The Procedures included in this document are consistent with those outlined by the four separate Safeguarding Children Partnership (SCP), in Southampton, Portsmouth, IOW and Hampshire [Homepage - Hampshire SCP](#); and the 4LSAB's <https://www.hampshiresab.org.uk> This document should be read in conjunction with the above publications.
- 1.3 In accordance with the *Working Together to Safeguard Children* guidance and *The Care Act* regulations, No Limits upholds the principle that safeguarding is a collective responsibility. We are committed to collaborating with partners, young people, and their families to ensure the safety and well-being of all individuals.
- 1.4 We will continually evaluate and assess our practices to ensure we are adhering to best practice standards, including conducting relevant local authority Section 11 audits and completing the NSPCC Safeguarding and Child Protection Self-Assessment.
- 1.5 We will integrate the principles of the Duty of Candour to foster an open and honest approach in the event of any serious incident, actively seeking opportunities for learning and improvement where appropriate.

2. Scope of this policy

2.1 This policy applies to all employees, volunteers, Trustees, students on placement, apprentices, and trainees. They will be referred to as 'staff or volunteers' for the purpose of this document.

2.2 For the purpose of this document, the term Children and Young People (CYP) refers to those up to 26 years of age unless specified otherwise.

2.3 This policy specifically relates to children under the age of 18 and adults at risk under 26 years old and should be read in conjunction with the No Limits confidentiality and information sharing policy which can be accessed on Breathe.

Purpose

The purpose of this policy and procedure is to:

- Protect children and young people who access No Limits' services or are identified through our work, including those of service users and their families/friends.
- Provide staff and volunteers with guidance on responding to suspected abuse or neglect.
- Support No Limits staff in caring for themselves and each other.
- Outline procedures for managing risks related to sexual health work, as detailed in No Limits' Sexual Health Procedures, available on Breathe.

Key definitions in Safeguarding

Safeguarding means to protect a person from harm or risk, with appropriate measures. It requires action rather than just assessing risk. No Limits has an appointed Designated Safeguarding Officer who is responsible in keeping No Limits informed of best practice, legislation changes and ensuring staff are trained.

Child protection is a part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm" (*Department for Education 2011*). Not all safeguarding is child protection and some concerns may be addressed through other preventative safeguarding actions.

This child centred approach is fundamental to safeguarding and promoting the welfare of every child. A child centred approach means keeping the child in focus when making decisions about their lives and working in partnership with them and their families" (*Working Together to Safeguard Children 2023*).

Safeguarding adults at risk is also part of safeguarding and promoting welfare. This includes using the Deprivation of Liberty Safeguards (2015), The Care Act 2014 and amendment to the Mental Capacity Act (2005).

Six Principles of Adult Safeguarding

The Care Act sets out the following principles that should underpin the safeguarding of adults.

Empowerment

People are supported and encouraged to make their own decisions and informed consent.

“I am asked what I want as the outcomes from the safeguarding process, and this directly inform what happens.”

Prevention

It is better to take action before harm occurs.

“I receive clear and simple information about what abuse is. I know how to recognise the signs, and I know what I can do to seek help.”

Proportionality

The least intrusive response appropriate to the risk presented.

“I am sure that the professionals will work in my interest and they will only get involved as much as is necessary.”

Protection

Support and representation for those in greatest need.

“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”

Partnership

Services offer local solutions through working closely with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”

Accountability

Accountability and transparency in delivering safeguarding.

“I understand the role of everyone involved in my life and so do they.”

Looked after children have additional safeguards set in legislation (Children Act 1989,

Children and young people have said that they need:

vigilance: to have adults and people in authority to notice when things are troubling them

understanding and action: to understand what is happening; to be heard and understood; and to have that understanding acted upon

stability: to be able to develop an ongoing stable relationship of trust with those helping them

respect: to be treated with the expectation that they are competent rather than not

information and engagement: to be informed about and involved in procedures, decisions, concerns and plans

explanation: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response

support: to be provided with support in their own right as well as a member of their family

advocacy: to be provided with advocacy to assist them in putting forward their views

protection: to be protected against all forms of abuse and discrimination and the right to special protection and help if a refugee” (*Working Together to Safeguard Children 2023*)

No Limits Safeguarding Policy

No Limits believes that it is always unacceptable for a child or young person to experience abuse of any kind and recognises its responsibility to safeguard the welfare of all children and young people, by a commitment to practice that protects them.

No Limits will work with partners, including MASH (Multi Agency Safeguarding Hub), Police, Children’s Resource Services and Adult Social Care to ensure that children and vulnerable young adults are safeguarded. We will always try to gain consent from the young person or parent/ carers, but we may need to contact statutory services without consent, especially when the risk level is high.

We recognise:

- That the welfare of the child or vulnerable young person is paramount.
- That all CYP, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation, or identity, have the right to equal protection from all types of harm or abuse.

- Hidden Harm and the risk of abuse through domestic violence and substance abuse in the home has a significant impact on CYP and we will work to engage those at risk to safeguard against harm.
- Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare.

No Limits will:

- Take steps to ensure that all those who work with children and young people are safe to do so by adhering to No Limits Safer Recruitment Practice.
- Enable staff and volunteers to work with children and young people to identify, manage and report risk to children and young people to relevant agencies through a comprehensive induction, training programme, supervision and appraisal process.
- Offer information, advice, support and counselling services to children and young people to increase their understanding of risk, self-worth and knowledge of where to get help.
- Ensure that our services are welcoming, friendly and accessible to children and young people and enable them to access help when they need it.
- We will undertake a person-centred approach that supports an outcome focus in line with the Making Safeguarding Personal principles.
- Identify a named person (Designated Safeguarding Officer) who has overall responsibility for child protection within the organisation to ensure that policy and procedures are followed.
- Offer clinical supervision to all delivery staff and staff affected by safeguarding situations. Clinical supervisors will escalate safeguarding concerns to line managers.
- Support Service Managers to take responsibility for the safeguarding, learning and development in each of their service areas.
- Use appropriate internal and external meetings and forums to discuss best practice, learning and development, with all delivery managers participating and feeding into the strategic picture.
- Escalate Safeguarding matters to local authority LADO or Adult SAMA when they involve concerns about people working with Children and young people, either internally to No Limits or externally.
- Report to No Limits trustees the amount of LADO / SAMA reports, DP2 reports and critical safeguarding instances on a regular basis.
- Appropriately share information with external agencies relating the safeguarding of children and young people, following a formal request.

Staff and Volunteers must:

- Ensure that they know the safeguarding procedures at No Limits and which staff member is responsible for safeguarding concerns.
- Keep up to date with any changes to child protection policy or procedures and ensure that they attend safeguarding training in accordance with No Limits' Policies. Refresher training should be completed every 3 years.
- Report any concerns they have about a CYP immediately to a senior colleague and/ or manager, following the procedures set out below.
- Report any concerns they have about a colleague immediately in adherence with No Limits' Whistle Blowing Policy and Procedures.
- Engage with Clinical Supervision if in a delivery role.

Specialist Roles and training

- No Limits takes guidance from the Intercollegiate Documents and seeks to always follow best practice.
- No Limits will ensure Designated Safeguarding Officer is identified and appropriately trained, undertaking NSPCC designated safeguarding lead training every 2 years and maintaining expertise in this area.
- No Limits will ensure service managers are trained to a level 5 Safeguarding children for managers and refresher training every 3 years.
- No Limits will ensure leadership in safeguarding with SLT undertaking NSPCC Child Protection supervision skills training or equivalent and refresher training every 3 years.
- DSO and SLT lead will meet regularly to review operational and strategic safeguarding matters implementing learning and cascading information and training as appropriate.

Relationships, Sexual Health and Safeguarding:

- No Limits is committed to ensuring children and young people have free, confidential advice around relationships and sexual health, and that this is done with safeguarding in mind.
- Staff and volunteers can give advice, distribute condoms, screen for chlamydia and pregnancy only after completing the No Limits Sexual Health training, the No Limits safeguarding training and a shadowing and observation process. After

which, if the line manager is satisfied, they can be signed off to deliver sexual health work.

- There are strict requirements on whether No Limits staff can deliver sexual health work. See No Limits Sexual Health procedures for a more detailed explanation.
- Risk Assessments should be used when working with any young person aged 13-15, 16- 18 who has an additional vulnerability, a young person is under 13, and/or there are concerns around the relationship or sexual activity relating to coercion, exploitation, power imbalance. Staff should explore concerns with their line manager
- A child under 13 is not considered legally capable of consenting to sexual activity.
- Any offence under the Sexual Offences Act 2003 involving a child under 13 is very serious and should be taken to indicate a risk of significant harm to the child.
- Cases where there are concerns someone under 13 is engaging in sexual activity must always be discussed with the designated safeguarding lead, line manager or senior manager at No Limits.
- Under the Sexual Offences Act, penetrative sex with a child under 13 is classed as rape. Where the allegation concerns penetrative sex, or other intimate sexual activity occurs, there would always be reasonable cause to suspect that a child, is suffering or is likely to suffer significant harm.
- All cases of sexual activity involving under 13s should be fully documented using a No Limits Serious Incident Form (SIF).
- If a child under 13 is engaging in sexual activity, then after discussions with a No Limits Manager, a referral will need to be made to Children's Resource Service, who will inform the police – the young person needs to be informed of this. A copy of the referral conversation must be received by the No Limits worker and ensure the information is accurate. This needs to be documented using a SIF. If a decision is made not to refer a child under 13 to Social Care this needs to be clearly documented, using a SIF, with the reasons for not referring so that it can be audited by the Local Safeguarding Children Partnership.

Section 2 - Procedures

6 Safeguarding Procedures

- 6.1 The named person responsible for child protection support within No Limits is the Designated Safeguarding Officer, Maria Slevin.
- 6.2 The following procedures should be followed if any staff member or volunteer is concerned that a child or young person is at risk of experiencing, is experiencing or has experienced harm.
- 6.3 The role for all staff and volunteers at No Limits regarding safeguarding children, who may be in need of child protection services, is to identify children or young people who may be at risk and alerting the appropriate service.
- 6.4 We aim to do this in a way that respects the rights of children and young people and keeps them informed about what is happening where possible. Where possible the YP should be involved in raising all concerns and kept informed of information being passed on. If this is not done because it would be harmful to do this, staff and volunteers must record why.
- 6.5 If any staff member or volunteer is concerned about a child or young person they should talk with a manager immediately. This will be the Service Manager, Head of Service, the Duty Manager, DSO or the Director of Services. Contact details for these individuals are in the induction packs for each staff member or volunteer, the duty phone policy, as well as in each office base of No Limits.
- 6.7 If you cannot find a contact for a manager, then call our central office on 02380 224 224 (9-5 Monday to Friday) and ask to be put through to any Service or Head of Services Manager. Outside of these hours, call the Duty Manager's phone on 07500 118 710. If there is any issue with contacting the Duty Phone, there is escalation contact details available through the voicemail recording or detailed within the Lone Working Policy.
- 6.8 They will discuss your concerns about the child or young person and offer advice regarding an appropriate course of action to take.
- 6.9 Safeguarding concerns may need to be reported to Children Services, Adult Services, school or police. Staff should be satisfied that the concern has been taken seriously and be aware of any follow up action needed. Staff have a responsibility to ensure that all messages have been passed on and action has been taken.

- 6.10 All information should be recorded on the database, following our SIF process
- 6.11 All members of the No Limits team are responsible for the safety of the children and young people they come into contact with. If you are not happy with the response you have received and remain concerned, please seek alternative advice from another manager using an escalation route of your Service Manager, Head of Service and then Director of Services. If you are still unsatisfied with the response and remain concerned about the child or young person, we would encourage you to escalate within Children or Adult safeguarding services. If you are concerned about a member of staff and not happy with the response, we would encourage you to report the concerns to the appropriate LADO (Local Authority Designated Officer) or adult SAMA in the appropriate local authority.
- 6.12 Any reporting of a safeguarding concern needs to be recorded on a serious incident form immediately and follow the SIF process. Senior Managers will notify stakeholders (including commissioners) where it is a requirement of the contract.
- 6.13 If staff or volunteers are concerned that a safeguarding concern has not been dealt with appropriately by the relevant authority, this should be reported to a manager who will speak directly to senior managers within that organisation to clarify what action has been taken
- 6.14 No Limits will engage with and participate in Serious Case Reviews when required by the local authority. Should a request come in for No Limits to be involved, staff will inform the DSO as soon as possible.

7 Appendix One: What is abuse?

7.1 “Abuse and neglect are forms of maltreatment – a person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children and young people may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger.” (*What to do if you are worried a child is being abused*, 2015)

7.2 **Physical abuse** may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child including FGM. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

7.3 **Bullying and Cyberbullying** is behaviour that hurts someone else. It includes name calling, hitting, pushing, spreading rumours, threatening or undermining someone. It can happen anywhere -at school, at home or online. It's usually repeated over a long period of time and can hurt both physically and emotionally. Cyberbullying is bullying that takes place online. Unlike bullying offline, online bullying can follow the child wherever they go, via social networks, gaming and mobile phone.

7.4 **Exploitation** is the act of using someone for profit, either labour, sexual gratification, or some other personal or financial advantage. There are two main types of exploitation, sexual and criminal. **Sexual Exploitation** is a form of sexual abuse where a child or young person is exploited, they're given things, like gifts, drugs, money, status and affection, in exchange for performing sexual activities. Children and young people are often tricked into believing they're in a loving and consensual relationship. This is called grooming. They may trust their abuser and not understand that they're being abused. **Criminal Exploitation** is child abuse where children and young people are manipulated and coerced into committing crimes, either around theft and burglary or drugs.

7.5 **Domestic Abuse** is Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. It can seriously harm children and young people and witnessing domestic abuse is child abuse. It's important to remember domestic abuse: can happen inside and outside the home, can happen over the phone, on the internet and on social networking sites, can happen in any relationship and can continue even after the relationship has ended, both men and women can be abused or abusers.

7.6 **Emotional abuse** is the persistent emotional neglect or maltreatment of a CYP such as to cause severe and persistent adverse effects on the person's emotional development. It may involve conveying to CYP that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on someone. These may include interactions that are beyond the person's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing them participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying, causing someone to frequently feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a person, though it may occur alone.

7.7 **Sexual abuse** involves forcing or enticing a child or young person to take part in sexual activities, including sex working, whether or not the CYP is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving CYP in looking at, or in the production of, sexual on-line images, watching sexual activities, or encouraging CYP to behave in sexually inappropriate ways. This also includes peer on peer abuse.

7.8 **Female Genital Mutilation** - or FGM is when a female's genitals are deliberately altered or removed for non-medical reasons. It's also known as 'female circumcision' or 'cutting' but has many other names. FGM is a form of child abuse. It's dangerous and a criminal offence in the UK, it's often performed by someone with no medical training, using instruments such as knives, scalpels, scissors, glass or razor blades

7.9 **Grooming** is when someone builds a relationship, trust and emotional connection with a child or young person so they can manipulate, exploit and abuse them.

- Children and young people who are groomed can be sexually abused, exploited or trafficked.
- Anybody can be a groomer, no matter their age, gender or race. Grooming can take place over a short or long period of time – from weeks to years. Groomers may also build a relationship with the young person's family or friends to make them seem trustworthy or authoritative.

7.10 **Non- Recent Abuse** or Non-recent child abuse, sometimes called historical abuse, is when an adult was abused as a child or young person under the age of 18. Sometimes adults who were abused in childhood blame themselves or are made to feel it's their fault. But this is never the case: there's no excuse for abuse.

- 7.11 **Neglect** is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy when the mother's needs, and therefore the baby's needs are not met. Once a child is born it may involve a parent failing to provide adequate food, clothing and shelter (including exclusion from home or abandonment), protect a child from physical and emotional harm or danger, ensure adequate supervision (including the use of inadequate caregivers) or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.
- 7.12 **Child Criminal Exploitation** as set out in the Serious Violence Strategy, published by the Home Office, where an individual or group takes advantage of an imbalance of **power** to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.
- 7.13 **County Lines** as set out in the Serious Violence Strategy, published by the Home Office, a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and adults at risk to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons.
- 7.14 **Extremism** goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society. Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist. This includes radicalisation.
- 7.15 **Deprivation of Liberty (DoLS)** DoLS ensures people who cannot consent to their care arrangements in a care home or hospital are protected if those arrangements deprive them of their liberty. Arrangements are assessed to check they are necessary and in the person's best interests. Representation and the right to challenge a deprivation are other safeguards that are part of DoLS.

8 Appendix Two: What to do

8.1 What to do if a child or young person tells you that they, or someone they know, is being abused, or gives you cause for concern: (see Appendix 5 flowchart)

- a. Believe what the person is saying and take it seriously.
- b. Reassure the child or young person who has made the disclosure to you that they have done the right thing.
- c. Give the child or young person time to talk and do not probe or ask leading questions. Investigation is not your responsibility.
- d. Do not promise to keep secrets. All allegations of harm or potential harm must be acted upon.
- e. Explain to the child or young person that you will share this information with a manager who will ensure the appropriate procedures will be followed. Where possible / appropriate do this with the child or young person present.
- f. Explain to the child or young person that No Limits will keep them informed with what is happening and will support them.
- g. Under no circumstances should you speak to or confront the abuser.
- h. Record all work done in accordance with No Limits' Confidentiality and Information Sharing Policy and complete a Serious Incident Form on the database.

What to do if a young person is a victim of domestic abuse:

- a) Children who witness or live in a home where domestic abuse is present are victims of abuse in their own right and should be treated as such. This is in line with the Domestic Abuse Act 2021.
- b) Any young person who is a victim of domestic abuse should have a risk assessment completed. In line with statutory guidance, No Limits will use the safer lives dash assessment. This is an evidence-based risk assessment tool used to identify the risk level to the victim.
- c) Based on the outcome of the dash assessment and the age of the young person, No Limits will make a referral. If under the age of 18 the referral should be to MASH, or if there is a child involved. If the young person is over 18, No Limits will refer to the appropriate local domestic abuse service and consider a referral to adult social care.

8.2 What to do if a child or young person contacts through email, webchat, text message or answer phone message:

- a. E-mails, phone or text, or webchat messages received detailing suspected abuse should be responded to within 24 hours of being received by the staff member contacting the young person to obtain further information.
- b. When contact is made follow the steps above as if you were working with the young person in front of you, including making full and appropriate records.
- c. If no further contact with the young person can be made, then speak with a manager, who will help you pass this information on to the relevant authorities.

8.3 How to refer to the Police: If there is an immediate risk of harm phone 999

- a. To make a Police referral regarding abuse/exploitation/dangerous individuals when we have disclosures from young people or are concerned, we need to phone 101 and ask for the Child Abuse Investigation Unit or the Public Protection Unit. The police will ask the caller for all their own personal details, including DOB, address and work phone number. You should speak to a manager before doing this and record it on the database as a Serious Incident Form.
- b. Sometimes we need to share information with the police that isn't a crime or doesn't need to be reported as a crime. To do this we complete a CPI (Community Partnership Information) form. They can be accessed Community Partnership Information Sharing Form – Safe4Me . Where possible, this should be done with the young person's knowledge and consent and always following a conversation with a manager.

8.4 When to refer to a local authority children's social care/ Children's Services:

When we have knowledge or a belief that a child (under 18)

- a. Is suffering or has suffered abuse and/or neglect.
- b. Is likely to suffer abuse and/or neglect.
- c. Would be likely to benefit from family support services (with agreement of a person with parental responsibility).
- d. If a pregnant person is not meeting the needs of their unborn child, or their actions could cause harm to the unborn child.
- e. Referrals to Children's Services should reflect the perceived risk and should normally be made within one working day of recognition. If, for any reason, you cannot contact a senior member of staff at No Limits or the Duty Manager then you should go ahead and contact Children's Services

/local authority children's social care, but update a manager as soon as possible.

8.5 How to refer to Children's local authority/ children's social care:

A Manager will support you to make a referral to Children's Services. Children Services are increasingly asking for referrals to be made via an online form (websites are below). Before a referral is sent, it **must** be checked by a manager.

[Welcome | Hampshire, Isle of Wight, Portsmouth and Southampton \(hipsprocedures.org.uk\)](http://Welcome | Hampshire, Isle of Wight, Portsmouth and Southampton (hipsprocedures.org.uk))

For young people who live in Southampton

Call: **02380 832 300** (professional line, for both office and out of hours)

Southampton does not accept referral forms. Instead, please use the Conversation Model, where details and information will be gathered over the phone. Following the telephone referral, a transcript of the referral should be emailed to the relevant worker.

For young people who live in Portsmouth

Call: **023 9268 8793** during office hours

At all other times you should call the out-of-hours Service: **0300 555**

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For young people who live on the IOW

Call: **0300 300 0117** (24 hours).

Or

Complete the Inter Agency Referral Form at www.iow.gov.uk

For young people who live in Hampshire

(not including Southampton or Portsmouth)

Call: **0300 555 1386** during office hours (8.30am – 5:00pm)

At all other times you should call the out-of-hours Service: **0300 555**

1373

Or

Complete the Inter Agency Referral Form at www.hants.gov.uk

When a referral is made to a local authority Children's Services you must agree with them what the young person and parents will be told, by whom and when.

Any assessments that have been undertaken should be attached to the referral. Children's Services should acknowledge your written referral within two working days of receiving it. Should you not have had a response within 3 working days, contact them again.

When you are concerned that a young person may be at risk of harm, but that the level is not high enough to warrant a referral to Children's Services /local authority children's social care (or if the young person is already being supported by Social Care), you should discuss this with a Head of Service or Service Manager. It may be appropriate to pass on information to Social Care instead of making a referral.

When passing on information to local authority Children's Services you should:

Explain what the risk or concern is

Describe your relationship to the child or young person (i.e., what role are you working in, how often they have used No Limits' services).

List any other agencies that are supporting the child or young person.

State clearly that you are passing on information (not making a referral).

Highlight any action you would like them to take (if any).

All staff must record all information passed to Police or a local authority Children's Services in line with No Limits' Confidentiality and Information Sharing Policy.

9 When to refer to a local authority adult's social care/ Adult's Services:

Referrals to adult social care should happen if we believe an adult (over 18) meets all three below criteria.

- a. has needs for care and support (whether or not the authority is meeting any of those needs),
- b. is experiencing, or is at risk of, abuse or neglect, and
- c. as a result of those needs is unable to protect themselves against the abuse or neglect or the risk of it.
- d. Referrals to Adult's Services should reflect the perceived risk and should normally be made within one working day of recognition. If, for any reason, you cannot contact a senior member of staff at No Limits or the Duty Manager then you should go ahead and contact Adult's Services /local authority adult's social care but update a manager as soon as possible.

9.1 How to refer to Adult's social care:

A Head of Service or Manager will support you to make a referral to Adult Services. Before a referral is sent, it will need to be checked by a manager.

For young people who live in Southampton

Call: **023 8083 3003** during office hours

At all other times you should call the out-of-hours Service: **023 8022 3344**

For young people who live in Portsmouth

Call: **023 9268 9111** during office hours

For young people who live on the IOW

Call: **019 8382 1000**

For young people who live in Hampshire

(not including Southampton or Portsmouth)

Call: **0300 555 1386** during office hours (8.30am – 5:00pm)

Confirm verbal and telephone referrals in writing, within 24 hours.

When a referral is made to a local authority Children's Services you must agree with them what the young person and parents will be told, by whom and when.

Any assessments that have been undertaken should be attached to the referral. Children's Services should acknowledge your written referral within one working day of receiving it. Should you not have had a response within 3 working days, contact them again.

When you are concerned that a young person may be at risk of harm, but that the level is not high enough to warrant a referral to Children's Services /local authority children's social care (or if the young person is already being supported by Social Care), you should discuss this with a Senior colleague (Head of Service or Head of Services). It may be appropriate to pass on information to Social care instead of making a referral.

When passing on information to local authority Children's Services you should:

Describe your relationship to the child or young person (i.e. what role are you working in, how often they have used No Limits' services).

List any other agencies that are supporting the child or young person.

State clearly that you are passing on information (not making a referral).

Highlight any action you would like them to take (if any).

Record all information passed to Police or a local authority Children's Services in line with No Limits' Confidentiality and Information Sharing Policy.

When a referral is made to a local authority Adult's Services you must agree with them what the young person and will be told, by whom and when.

Any assessments that have been undertaken should be attached to the referral. Adult's Services should acknowledge your written referral within two working days of receiving it. Should you not have had a response within 3 working days, contact them again.

When you are concerned that a young person may be at risk of harm, but that the level is not high enough to warrant a referral to Adult's Services (or if the young person is already being supported by Social Care), you should discuss this with a Head of Service or Service Manager. It may be appropriate to pass on information to Social Care instead of making a referral.

When passing on information to local authority Adult's Services you should:

Explain what the risk or concern is

Describe your relationship to the young person (i.e., what role are you working in, how often they have used No Limits' services).

List any other agencies that are supporting the young person.

State clearly that you are passing on information (not making a referral).

Highlight any action you would like them to take (if any).

All staff must record all information passed to Police or a local authority Adult's Services in line with No Limits' Confidentiality and Information Sharing Policy.

10 Appendix Three: Response to a referral (Working together to Safeguard children)

- a. Once the referral has been accepted by local authority Children's Services, the lead professional role falls to a social worker.
- b. The social worker should clarify with the referrer, when known, the nature of the concerns and how and why they have arisen.
- c. Within one working day of a referral being received a local authority social worker should make a decision about the type of response that is required.

10.1 This will include determining whether:

- a. The child requires immediate protection and urgent action is required (Section 47).
- b. The child is in need and should be assessed under section 17 of the Children Act 1989.
- c. There is reasonable cause to suspect that the child is suffering, or likely to suffer, significant harm, and whether enquires must be made and the child assessed under section 47 of the Children Act 1989.
- d. Any services are required by the child and family and what type of services.
- e. Further specialist assessments are required in order to help the local authority to decide what further action to take.

10.2 Action to be taken:

- a. The child and family must be informed of the action to be taken.

- a. Local authority Children's Services should see the child as soon as possible if the decision is taken that the referral requires further assessment.
- b. Where requested to do so by local authority children's social care, professionals from other
 - a. parts of the local authority, such as housing and those in health organisations, have a duty to cooperate under section 27 of the Children Act (1989) by assisting the local authority in carrying out its children's social care functions. This duty also applies to other local authorities. The named person responsible for child protection support within No Limits is the Head of Services and/ or Safeguarding lead.

11 Appendix Four: Signs of abuse

11.1 By understanding the warning signs, you can respond to problems as early as possible and provide the right support and services for the young person and their family. It is important to recognise that a warning sign doesn't automatically mean a young person is being abused. All No Limits staff or volunteers (whether delivery or otherwise) must complete the No Limits Safeguarding training.

11.1.1 There are a number of warning indicators which might suggest that a child or young person may be at risk of harm.

- a. Children whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn or clingy, or they might have difficulty sleeping or start wetting the bed.
- b. Children with clothes which are ill-fitting and/or dirty.
- c. Children with consistently poor hygiene.
- d. Children who make strong efforts to avoid specific family members or friends, without an obvious reason.
- e. Children who don't want to change clothes in front of others or participate in physical activities.
- f. Children who are having problems at school, for example, a sudden lack of concentration and learning or they appear to be tired and hungry.
- g. Children who talk about being left home alone, with inappropriate carers or with strangers.
- h. Children who reach developmental milestones late, such as learning to speak or walk, with no medical reason.
- i. Children who are regularly missing from school or education.
- j. Children who are reluctant to go home after school.
- k. Children with poor school attendance and punctuality, or who are consistently being picked up late.
- l. Parents who are dismissive and non-responsive to practitioner's concerns.
- m. Parents who collect their children from school when drunk, or under the influence of drugs.
- n. Children who drink alcohol regularly from an early age.
- o. Children who are concerned for younger siblings without explaining why.
- p. Children who talk about running away.

q. Children who shy away from being touched or flinch at sudden movements.

1. Signs of physical abuse

- a. Children with frequent injuries.
- b. Children with unexplained or unusual fractures or broken bones.
- c. Children with unexplained: bruises or cuts, burns or scalds, or bite marks.

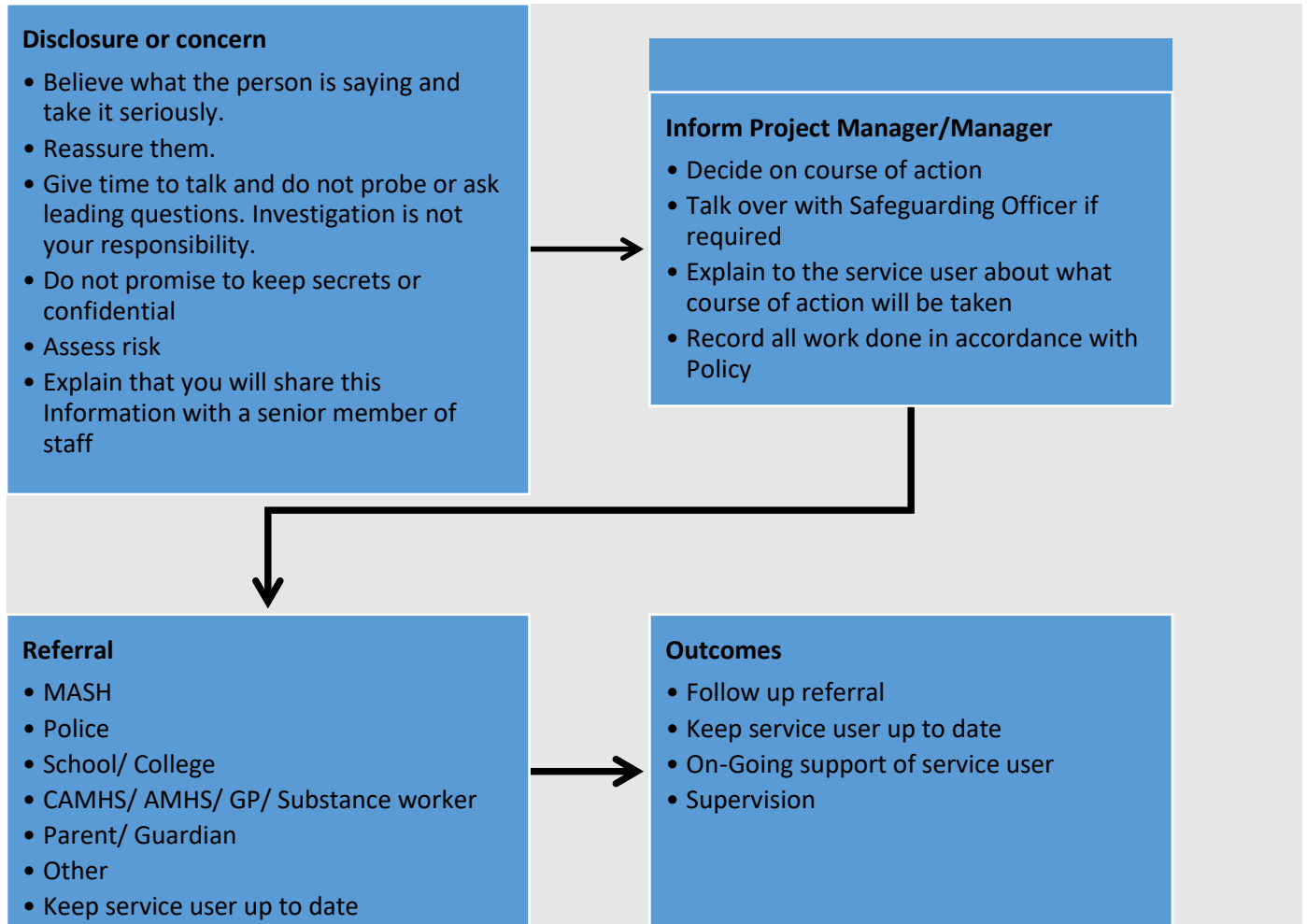
2. Signs of sexual abuse and exploitation

- a. Children who display knowledge or interest in sexual acts inappropriate to their age. Children who use sexual language or have sexual knowledge that you wouldn't expect them to have.
- b. Children who ask others to behave sexually or play sexual games.
- c. Children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy.

3. Signs of neglect:

- a. Children who are living in a home that is indisputably dirty or unsafe.
- b. Children who are left hungry or dirty.
- c. Children who are left without adequate clothing, e.g. not having a winter coat.
- d. Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence.
- e. Children who are often angry, aggressive or self-harm.
- f. Children who fail to receive basic health care.
- g. Parents who fail to seek medical treatment when their children are ill or are injured.

12 Appendix Five: Safeguarding Disclosure or Concern Flowchart



12.1.1 Appendix Six: Working together to safeguard children 2018

Working together to safeguard children 2023 statement on working together:

“A co-ordinated approach – safeguarding is everyone’s responsibility

Everyone who works with children has a responsibility for keeping them safe. No single practitioner can have a full picture of a child’s needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

In order that organisations, agencies and practitioners collaborate effectively, it is vital that everyone working with children and families, including those who work with parents/carers, understands the role they should play and the role of other practitioners. They should be aware of, and comply with, the published arrangements set out by the local safeguarding partners.

This statutory guidance sets out key roles for individual organisations and agencies to deliver effective arrangements for safeguarding. It is essential that these arrangements are strongly led and promoted at a local level, specifically by local area leaders, including local authority Chief Executives and Lead Members of Children’s Services, Mayors, the United Nations Convention on the Rights of the Child

Police and Crime Commissioner and through the commitment of chief officers in all organisations and agencies, in particular those representing the three safeguarding partners. These are Directors of Children’s Services, Chief Constables of police and Accountable Officers and/or Chief Nurses of clinical commissioning groups.

The local authority and its social workers have specific roles and responsibilities to lead the statutory assessment of children in need (section 17, Children Act 1989) and to lead child protection enquiries (section 47, Children Act 1989). It is crucial that social workers are supported through effective supervision arrangements by practice leaders⁴ and practice supervisors, as defined under the National Assessment and Accreditation system, who have the lead role in overseeing the quality of social work practice. Designated Principal Social Workers have a key role in developing the practice and the practice methodology that underpins direct work with children and families. “

13. Appendix Seven: Equality Impact Assessment

		Yes/ No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	Age	No	
	Disability	No	
	Gender reassignment	No	
	Marriage and civil partnership	No	
	Pregnancy and maternity	No	
	Race	No	
	Religion or belief	No	
	Sex	No	
	Sexual orientation	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	No	Legislatively required
7.	Can we reduce the impact by taking different action?	No	